

**COUNTY OF LOS ANGELES DEPARTMENT OF MENTAL HEALTH
PROGRAM SUPPORT BUREAU
QUALITY IMPROVEMENT DIVISION
(CY 2016)**

TEST CALLS GUIDELINES/INSTRUCTIONS

The California Code of Regulations, Title 9, Chapter 11, Section 1810.405(d) specifies: "Each Mental Health Plan (MHP-County) shall provide a statewide, toll-free telephone number that functions 24-hours a day, seven days a week, with language capacity in the languages spoken by the beneficiaries of the county that will provide information to beneficiaries about how to access specialty mental health services, including services needed to treat a beneficiary's urgent condition, and how to use the beneficiary problem resolution and fair hearings processes."

The California Code of Regulations, Title 9, Chapter 11, Section 1810.405(f) specifies: "The MHP shall maintain a written log of the initial requests for specialty mental health services from beneficiaries of the MHP. The requests shall be recorded whether they are made via telephone, in writing, or in person. The log shall contain the name of the beneficiary, the date of the request, and the initial disposition of the request."

The California Code of Regulations, Title 9, Chapter 11, Section 1810.410(d)(1) specifies: "Each MHP shall provide: a statewide, toll-free telephone number available 24 hours a day, seven days a week, with language capacity in all the languages spoken by the beneficiaries of the MHP as required by Section 1810.405(d)."

PURPOSE OF THE TEST CALLS

Calls to test the MHP's 24/7 ACCESS Line 1-800-854-7771 (not clinic or other hotline numbers) in the following areas:

- Availability 24-hours a day, seven days a week
- Knowledge and helpfulness of the Access Line staff
- Recording of the call on the ACCESS Call Log
- Response capability in a non-English language
- Information on how to use the beneficiary problem resolution and fair hearings processes

BASIC PRINCIPLES OF THE TEST CALLS

- 1) Before calling please be aware that the ACCESS Center employee MAY ASK YOU for your name, social security number, date of birth, phone number and address. Prior to making the Test call, decide what personal information you are willing to share and what information you will be

providing. IT IS NOT NECESSARY FOR YOU TO SHARE ANY AUTHENTIC PERSONAL INFORMATION AS YOU ARE CALLING IN THE ROLE OF A “SECRET SHOPPER.”

- 2) DO NOT IDENTIFY YOURSELF AS A TEST CALLER.
- 3) **If you make the call for a mental health referral, please** refuse all efforts by ACCESS Line employees to arrange an assessment appointment for you at the clinic site. **Remember, do not make, ask for, or accept an appointment as it will tie-up needed clinical services. Instead, you can obtain a phone number and inform the ACCESS Line employee that you have chosen to contact the clinic directly or that you are not ready for an appointment at this time.**
- 4) **Keep the call short and succinct.** Do not unnecessarily tie-up the toll free line with a long call. Keep the line available to those who may need assistance.
- 5) **If asked if you are a Medi-Cal beneficiary, and you respond positively,** you will be asked for your 14-digit Medi-Cal Number. You may provide a fake number or say you don't have it.



Sample Medi-Cal Card

- 6) If asked, give a name that you feel comfortable providing to the MHP staff. You may use any name that you choose. **Write down the name given, so the call can be located on the ACCESS Call Log.**
- 7) If you are calling regarding a request for services for someone other than yourself, **please document on the survey form your name as well as the name of the person (beneficiary) for whom you are requesting services.**
- 8) **If asked, identify yourself as a resident of the service area being tested.** You can provide a local street address and phone number, or give general information such as a few cross-streets or landmarks. You may

also state that you just moved to the area and/or that you prefer not to give your address.

- 9) The 24/7 Test ACCESS Line Test Calls survey is available online. All survey data to QID must be received via this online survey format.
- 10) ALWAYS **note the time and date of your call and the name of ACCESS Line employee.** This is important in locating your call in the ACCESS Call Log. Even if they do not offer their name, please persist in asking their name and note the name before you end the call. Having the employee's name is important in providing feedback regarding the call and your experience.
- 11) **Each Service Area should make EXACTLY 10 calls -- Five (5) calls during regular business hours (Monday-Friday 8:00 AM to 4:59 PM)**
and
- 12) **Five (5) calls after hours (Monday – Friday 5:00 PM - 7:59 AM), or on weekends (Friday 5:00 PM – Monday 7:59 AM), and/or Holidays (e.g. Monday, February 15th)**
and
- 13) **Each SA will make one beneficiary request call.**
- 14) **Each SA will make two crisis scenario calls** (see attached QID list of crisis scenarios). One call should occur during the daytime and one test call should be made after hours. Only the crisis scenarios provided by QID should be used. For all Non-English calls, please request interpreter services.
- 15) Of the 10 calls, 5 calls should be in English and 5 calls in your Service Area threshold languages (See below: Table 1 for the test calls schedule CY 2016 and Table 2 for the list of threshold languages by SA).

Table 1

<u>Service Area</u>	<u>Assigned Month</u>	<u>Date Due to QID</u>
SA 1	February 2016	March 10, 2016
SA 2	March 2016	April 10, 2016
SA 3	May 2016	June 10, 2016
SA 4	June 2016	July 10, 2016
SA 5	July 2016	August 10, 2016
SA 6	August 2016	September 10, 2016
SA 7	September 2016	October 10, 2016
SA 8	October 2016	November 10, 2016

Table 2

<u>Service Area</u>	<u>Threshold Language</u>
SA 1	Spanish
SA 2	Armenian, Farsi, Russian, Spanish and Tagalog
SA 3	Cantonese, Mandarin, Spanish and Vietnamese
SA 4	Armenian, Cantonese, Korean, Russian, Spanish and Tagalog
SA 5	Farsi and Spanish
SA 6	Spanish
SA 7	Spanish
SA 8	Cambodian and Spanish